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## Personal Data - Demographic Information

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Please answer all the required (\*) questions for each household member

▼ Tuesday Morning

What is this person's marital status? \*

Does this person have a physical, mental, emotional, or developmental disability? \*  Yes  No

Do you want Medi-Cal to help pay for medical expenses you had in the 3 months prior to application month? If yes, a referral will be made to your local county office. They will contact you to get more information \*  Yes  No

Does this person need help with long-term care or home and community-based services? \*  Yes  No

Is this person pregnant?  Yes  No

Is this person a member of a Federally-recognized Indian Tribe? \*  Yes  No

What state is the tribe recognized in? \*

What is the name of the tribe? \*

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